EMPLOYMENT	MISSION Agency Use Only FEPA  EEOC	C#: 1-1 Filed: 08/02/22 1 of 2. PageID #: 1 CHARGE NUMBER: (Agency Use Only)
Name of Charging Party (First		tely Fill in the Following
ELLA BLYTHE	winddie Last)	Name of Company
Address		BEF FOODS, INC.
304 S. LEONARD AVEN City State Zip Code County	NUE Code County	Address 651 COMMERCE PKWY.  City State Zip
LIMA, OH 45804 Telephone Number 419-371-1318 Date(s) of Discrimination Dece believe I was discriminated a	ALLEN  mber 18, 2020 Total  against because of my: (Plea	LIMA, OH 45804 ALLEN Telephone Number 567-940-9401
Sex	Religion	
L DOX	National Original	
	Bitto mise	zin/Ancestry
Disability	X Retaliation	rin/Ancestry
Disability Military Status Age (Over 40 years only - Lipo	X Retaliation at Date of Birth-October 2	29, 1972 Ider section 4112.14 or 4112.02(N). Revised Code with
Disability Military Status Age (Over 40 years only - Li FOR AGE CASES ONLY: I hav matter of the monetary award or may not include other damage.	X Retaliation  Set Date of Birth-October 2  Set not commenced any action und  financial benefit I may receive no  to which I may be emittled as a re-	29, 1972  Ider section 4112.14 or 4112.02(N), Revised Code with respect to the subject may be limited to back pay and/or restoration of employment fringe benefits and sault of such civil action.
Disability Military Status Age (Over 40 years only - Li FOR AGE CASES ONLY: I hav matter of the monetary award or may not include other damages t ype of Discrimination:	X Retaliation at Date of Birth-October 2	29, 1972  der section 4112.14 or 4112.02(N), Revised Code with respect to the subject may be limited to back pay and/or restoration of employment fringe benefits and esult of such civil action.  Discipline
Disability Military Status Age (Over 40 years only - Li FOR AGE CASES ONLY: I hav matter of the monetary award or may not include other damages t ype of Discrimination:  Demotion	X Retaliation  Set Date of Birth-October 2  Set not commenced any action und financial benefit I may receive in so which I may be entitled as a residuely  Discharge/Termination	29, 1972  Ider section 4112.14 or 4112.02(N), Revised Code with respect to the subject may be limited to back pay and/or restoration of employment fringe benefits and sault of such civil action.

I am a forty-eight (48) year old female. I have a record of a physical impairment and medical conditions which are recognized as disabilities under Ohio Revised Code Section 4112. I participated in a legally protected activity under Ohio Revised Code Section 4112 by making an internal complaint of sex and age discrimination.

I have been employed by the above-named Respondent since April 22, 2019, as an Environmental Health and Safety Manager. I have been subjected to harassment on the basis of my sex and age, as well as in retaliation for complaining of sex and age discrimination. I have also been denied reasonable accommodations for my disability.

I have been unlawfully discriminated against due to my sex, age, disability and perceived disability, as well as retaliated against in that:

I was on medical leave for two weeks in April 2020, due to a disability, and off work due to another disabling condition from June 25, 2020 through September 2, 2020. When I returned to work, I requested reasonable accommodations for my disability.

On or about September 15, 2020, I was subjected to verbal harassment and intimidation, as well as threatened with disciplinary action. Consequently, I made a complaint of sex and age discrimination to Respondent's ethics hotline.

After my manager learned that I made a complaint of discrimination, she instructed me to leave the facility because Respondent was no longer going to provide reasonable accommodations for my disability. I was told to have my doctor change my accommodation requests.

I was on medical leave from October 20, 2020 through November 3, 2020. On November 3, 2020, I was issued a negative performance evaluation and placed on a Performance Improvement Plan.



I declare under penalty of perjuty that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency(tes) if I change my address or telephone number and that I will cooperate fully with them in the processing of my charge in accordance to their procedures.

Charging Party Signature

Date

Date

Date

Dire

Dire